

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

Best Available Copy

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/30/04</u>		2 Serial/Patent # <u>09/868,442</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time,			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	11	2/17/04	\$ 1330							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
10 REASON:		<input type="checkbox"/> Treasury Check									
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>2</td><td>--</td><td>0</td><td>2</td><td>0</td><td>6</td></tr></table>			5	2	--	0	2	0	6
5	2	--	0	2	0	6					
<input checked="" type="checkbox"/>	No Fee Due (Explanation): <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">No need for petition</div>										
11 REFUND REQUESTED BY: <u>[Signature]</u>											
TYPED/PRINTED NAME: _____		TITLE: _____									
SIGNATURE: _____		PHONE: _____									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****											
APPROVED: <u>[Signature]</u>		DATE: <u>7/1/04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: